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CONFIRMATION NO. 9107

|   |   |                                    |  |                                |
|---|---|------------------------------------|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/614,530  | <b>FILING OR 371(c)<br/>DATE</b><br>07/07/2003<br><b>RULE</b>   | <b>CLASS</b><br>119                | <b>GROUP ART UNIT</b><br>3644  | <b>ATTORNEY<br/>DOCKET NO.</b> |
| <b>APPLICANTS</b><br>Clarence Leroy Gantt, Barrington, IL;  |   |                                    |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/394,047 07/06/2002   |   |                                    |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                    |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 10/10/2003   |   |                                    |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |   | <b>STATE OR<br/>COUNTRY</b><br>IL  | <b>SHEETS<br/>DRAWING</b><br>6   | <b>TOTAL<br/>CLAIMS</b><br>2   |
| Verified and<br>Acknowledged <u>Examiner's Signature</u> <u>Initials</u>  |   | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |  |                                |
| <b>ADDRESS</b><br>31672   |   |                                    |  |                                |
| <b>TITLE</b><br>ANIMAL TOILET ENCLOSURE   |   |                                    |  |                                |
| <b>FILING FEE<br/>RECEIVED</b><br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                |